

NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

RETURN TO STATE HOUSE ROOM 204

Type or Print Clearly

Full Name WILLIAM BUTYNSKI <sup>HOME</sup> Work Address 60 RIVERS ROAD, PO BOX 105, HINSDALE, NH 03451

CURRENT Primary Occupation NH STATE LEGISLATOR e-mail \*optional WILLIAMBUTYNSKI@AOL.COM <sup>HOME</sup> Phone 603-336-7498

Name of office, appointment, or employment with government NH STATE REPRESENTATIVE

A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included.

RECEIVED

1. \_\_\_\_\_ JAN 15 2009
2. \_\_\_\_\_ NEW HAMPSHIRE DEPARTMENT OF STATE
3. \_\_\_\_\_

If you have no qualifying income indicate by writing your initials next to the following statement: My income does not qualify WBS

B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public.

1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business  
ALCOHOL + DRUG ABUSE COUNSELING / PREVENTION PROGRAMS, PSYCHOLOGISTS

<input checked="" type="checkbox"/> 2. Health Care <u>SEE #1 ABOVE</u>	<input type="checkbox"/> 3. Insurance	<input type="checkbox"/> 4. Real Estate, including brokers, agent, developers, and landlords	<input type="checkbox"/> 5. Banking or financial services	<input checked="" type="checkbox"/> 6. State of New Hampshire, county, or municipal employment <u>I VOTE ON THE COUNTY BUDGET</u>
<input type="checkbox"/> 7. N.H. Retirement System	<input checked="" type="checkbox"/> 8. Current use Land assessment program <u>OWNERS LAND</u>	<input type="checkbox"/> 9. Restaurants/ lodging	<input checked="" type="checkbox"/> 10. Sale and distribution of alcoholic beverages <u>SEE #1 ABOVE</u>	<input type="checkbox"/> 11. Practice of law
<input type="checkbox"/> 12. Any business regulated by the Public Utilities Commission	<input checked="" type="checkbox"/> 13. Horse or dog racing, or other legal forms of gambling <u>I RESIDE IN HINSDALE WITH A HORSE AND DOG</u>	<input type="checkbox"/> 14. Education	<input type="checkbox"/> 15. Water Resources	
<input type="checkbox"/> 16. Agriculture	<input type="checkbox"/> 17. N.H. Business Taxes <u>HAVE PROFITS TAX</u>	<input checked="" type="checkbox"/> 18. Optional: Specify any other area in which you have a special interest --- <u>INTEREST AND DIVIDENDS TAX</u>		

I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.  
**RSA 15-A:9 Penalty.** Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.

William Butynski 1/14/09  
 Signature of Reporting Individual Date